

Town of Rhinebeck Recreation
PARTICIPANT INFORMATION, MEDICAL AND AUTHORIZATION FORM

This form needs to be COMPLETED IN FULL for application to be accepted.

All information is confidential. Please complete all questions in detail for your child's welfare and enjoyment.

****Please note:** If your child is attending **camp**, current records of **immunizations** must be provided along with this form. If you have a religious exemption, you must provide a signed, type-written letter stating reasons for not immunizing your child and submit a recent proof of physical

Remember to sign the back!

CHILD'S FULL NAME: _____

ADDRESS: _____

SEX: _____ **AGE:** _____ **BIRTHDATE:** ____/____/____

SCHOOL: _____ **CURRENT GRADE (10/11 SCHOOL YEAR):** _____

CUSTODIAL PARENT/GUARDIAN FULL NAME: _____

HOME # _____ **WORK #** _____ **CELL #** _____

EMAIL ADDRESS: _____

SECOND PARENT/GUARDIAN FULL NAME:

HOME # _____ **WORK#** _____ **CELL#** _____

EMERGENCY CONTACT: If you are not available in an emergency notify:

NAME _____ **RELATIONSHIP** _____ **PHONE #**

BRIEF MEDICAL HISTORY **Has provided:** ☐ Immunization records
(Please fill out completely)

MEDICAL INFORMATION (Check all that applies and specify)

___ Allergies (foods, medicines, insects, etc.): _____

___ Benadryl supplied by parents** (indication, dose): _____

___ Prescribed EpiPen**; carried by your child? _____

___ Asthma

___ Asthma inhaler**; carried by your child? _____

___ Other limitations or other precautions (ADHD, Autism, etc.): _____

**** Recreation personnel are not permitted to apply or give medication (including sprays and ointments) of any type. Please speak with the Camp Director regarding emergency medication.**

Parent/Guardian

Signature _____ **Date** _____

TURN OVER!!!!!!

AUTHORIZATION FORM

Please read carefully

(For reasons of liability, the choice to not give authorization may impact our ability to enroll your child in recreation programs.)

EMERGENCY AUTHORIZATION:

I authorize the Camp Director or Coach to secure appropriate and timely medical treatment for my child in case of medical emergency. I understand that every effort will be made to notify me as soon as possible.

Parent/Guardian Signature _____ Date _____

INSURANCE ACKNOWLEDGEMENT:

I acknowledge that my child will be participating in supervised physical activity where inherent risk is involved. Also, I understand that Rhinebeck recreation programs do not carry medical insurance for program participants.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE:

I understand that occasionally photos will be taken during Rhinebeck recreation programs and possibly used for brochures or other marketing purposes. In these instances, Rhinebeck recreation has my permission to use photos of my child.

Parent/Guardian Signature _____ Date _____

PICK-UP RELEASE and WALKER/BIKER RELEASE:

Individuals permitted to pick up my child from the program and their relationship to the child are listed below. Please indicate if you child has permission to walk and/or ride his/her bike home.

Parent/Guardian Signature _____ Date _____

LATE PICK UP POLICY:

Parents are expected to pick up their child(ren) promptly at the close of the program. If you are unable to pick up the child(ren) on time an overtime fee of \$15 per child for each fifteen minutes will be assessed. Payment is due at the time of pick-up (cash or check). Families may not participate again until the late fee has been paid.

Exceptions may be made due to uncontrollable circumstances. On-site staff, with the assistance of the Recreation Director, shall be the sole judge of what constitutes an uncontrollable circumstance.

If a parent/guardian/emergency contact does not arrive for pick up after 45 minutes and staff has not been able to speak with same, the Police Department will be notified.

More than two late pick-ups could result in suspension or termination of your child's enrollment in the program.

Parent/Guardian Signature _____ Date _____